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| TRANSMITTAL FORM | | | Application Number | | 10/517,843 | | | | | | | |
|---|---|--|--------------------|----------|--|--------------------------------|----------|--|--|--|--|--|
| | | | Filing Date | | July 12, 2005 | | | | | | | |
| | | | First Named Invent | tor | Gregory Alan Swords | | | | | | | |
| | | | Art Unit | | 3774 | | | | | | | |
| (to be used for all correspondence after initial filing) | | | Examiner Name | | Suba Ganesan | | ヿ | | | | | |
| Total Number of Pages in This Submission 15 | | | Attorney Docket No | umber | 37370-339252 | | 丿 | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | | | | |
| Fee Transmittal Form | | | • | ,,,,, | After Allo | owance Communication to TC | | | | | | |
| Fee Attached | | Licensing-related Papers | | | Appeal Communication to Board | | | | | | | |
| | | Petition | | | of Appeals and Interferences Appeal Communication to TC | | | | | | | |
| ☐ After Final ☐ Petition to | | | Convert to a | | (Appeal Notice, Brief, Reply Brief) Proprietary Information | | | | | | | |
| | | Provisional Application Power of Attorney, Revocation | | | ☐ Status Letter | | | | | | | |
| Affidavits/declaration(s) | | Change of Correspondence Address | | | | | | | | | | |
| Extension of Time Request | | Terminal Disclaimer | | | | nclosure(s) dentify below): | | | | | | |
| Express Abandonment Request | | Request for Refund | | | | | | | | | | |
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| Information Disclosure Statement | | Landscape Table on CD | | | | | | | | | | |
| Certified Copy of Priority Document(s) | <u> </u> | Remarks | | | | | | | | | | |
| Reply to Missing Parts/ | | | | | | | | | | | | |
| Incomplete Application | | | | | | | | | | | | |
| Reply to Missing Pa under 37 CFR1.52 c | | | | | | | | | | | | |
| | SIGNA- | TUBE OF A | APPLICANT, ATTO | DNEV O | P AGENT | | \dashv | | | | | |
| Firm Name | | | · | XIVET, O | K AGENT | | ┪ | | | | | |
| i iiii Naiic | Kı | lpatrick Stocki | ton, LLP | | | | _ | | | | | |
| Signature | | /Kristin M. Crall 46,895/ | | | | | | | | | | |
| Printed Name | | Kristin M. Crall | | | | | | | | | | |
| Date | | March 14, 2008 Reg. No | | 46,895 | | | | | | | | |
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| I hereby certify that this correspondence is being electronically filed with The United States Patent Office via EFS Web on the date shown below. | | | | | | | | | | | | |
| Signature | Signature //isa norris/ | | | | | | | | | | | |
| Typed or printed name | Lisa Norris | | | | Date | March 14, 2008 | | | | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|---|---------------------------|--------------------|-------------------|---|------------------------|-------------------|------------------------|--|--|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Complete if Known | | | | | | | |
| CCC | TDANG | MITT | ۸۱ | Application Number | 10/517,843 | | | | | | |
| FEE TRANSMITTAL | | | | Filing Date | July 12, 2005 | | | | | | |
| | or FY 2 | | | First Named Inventor | Gregory Alan Sw | ords | | | | | |
| Applicant claim | s small entity st | atus. See 37 | CFR 1.27 | Examiner Name | Suba Ganesan | | | | | | |
| | | | Art Unit | 3774 | | | | | | | |
| TOTAL AMOUNT O | OF PAYMENT | (\$) 310 | | Attorney Docket No. | 37370-339252 | | | | | | |
| METHOD OF PAY | MENT (check | all that apply | ′) | • | | | | | | | |
| ☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): | | | | | | | | | | | |
| Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: | | | | | | | | | | | |
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| | arge any addition | | dornavmonte d | | edit any overpaymen | • | g | | | | |
| Und | der 37 CFR 1.16 | and 1.17 | | • • • | | | | | | | |
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| FEE CALCULATION | | | | | | | | | | | |
| | | UD EVAMIN | ATION FEE | • | | | | | | | |
| 1. BASIC FILING | , SEARCH, AI FILING | | | ARCH FEES | EXAMINA [*] | TION FEES | | | | | |
| | | Small Enti | | Small Ent | | mall Entity | | | | | |
| Application Ty | <u>pe</u> <u>Fee (\$)</u> | <u>Fee(\$)</u> | <u>Fe</u> | <u>e(\$)</u> <u>Fee(\$)</u> | <u>Fee(\$)</u> | <u>Fee(\$)</u> | Fees Paid (\$) | | | | |
| Utility | 310 | 155 | 510 | | 210 | 105 | | | | | |
| Design | 210 | 105 | 10 | | 130 | 65 | | | | | |
| Plant | 210 | 105 | 31 | 0 155 | 160 | 80 | | | | | |
| Reissue | 310 | 155 | 510 | | 620 | 310 | | | | | |
| Provisional | 210 | 105 | (| 0 0 | 0 | 0 | | | | | |
| 2. EXCESS CLA | | | | | | | Small Entity | | | | |
| Fee Description | | .:) | | | | <u>Fee (\$)</u> | Fee (\$) | | | | |
| Each claim over : Each independen | | | sues) | | | 50 210 | 25 105 | | | | |
| Multiple depende | | nerading rees | saes) | | | 370 | 185 | | | | |
| <u>Total Claims</u> | | <u>Claims</u> | <u>Fee(\$)</u> | Fee Paid (\$) | | <u>Multiple</u> | Dependent Claims | | | | |
| <u>25</u> -23 (| (HP)= <u>2</u> | х | <u>50</u> = | <u>100</u> | | <u>Fee (\$</u> | <u>) Fee Paid (\$)</u> | | | | |
| HP = highest nun | nber of total claims | paid for, if great | er than 20. | | | | | | | | |
| <u>Indep. Claims</u> | | <u>Claims</u> | <u>Fee(\$)</u> | Fee Paid (\$) | | | | | | | |
| _ , | HP)= <u>1</u> | Х | <u>210</u> = | <u>=</u> | | | | | | | |
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| 3. APPLICATION | | 1 100 1 | | 1 1 1 1 4 1 | 11 (*1 1 | | | | | | |
| | | | | excluding electronical due is \$250 (\$125 to | | | al 50 | | | | |
| | | | | nd 37 CFR 1.16(s). | ioi sinan chiny) ioi v | cacii additioni | 11 50 | | | | |
| Total She | | | | ch additional 50 d | or fraction thereo | f <u>Fee (\$)</u> | Fee Paid (\$) | | | | |
| | - 100 = | / 50 = | (ro | und up to a whole | number) x | = | | | | | |
| 4. OTHER FEE(S | Fees Paid (\$) | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | |
| Other (e.g | ., late filing surc | harge) : | | | | | | | | | |
| | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | |
| Signature | /Kristin M. Cra | all 46,895/ | | Registration No (Attorney/Agent | 40.005 | Telephor | e 404.815.6500 | | | | |
| Name (Print/Type) | Kristin M. Crall | | | , (Attorney/Agent | ·/ · | Date | March 14, 2008 | | | | |

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